



# STUDENT LOAN DUAL REGISTRATION FORM

**SASKATCHEWAN POLYTECHNIC  
Moose Jaw Campus**  
Saskatchewan St and 6th Ave NW  
PO Box 1420  
Moose Jaw SK S6H 4R4  
Fax 306-691-8578  
RegInbox.MooseJaw@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC  
Prince Albert Campus,  
Technical Building**  
1100 15th St E  
Prince Albert SK S6V 7S4  
Fax 306-765-1838  
RegInbox.PrinceAlbert@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC  
Regina Campus**  
4500 Wascana Pky  
PO Box 556  
Regina SK S4P 3A3  
Fax 306-775-7760  
RegInbox.Regina@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC  
Saskatoon Campus, Idylwyld Dr.**  
1130 Idylwyld Dr N  
PO Box 1520  
Saskatoon SK S7K 3R5  
Fax 306-659-4067  
RegInbox.Saskatoon@saskpolytech.ca

THIS FORM MAY BE USED FOR SASKATCHEWAN POST-SECONDARY INSTITUTIONS AND ATHABASCA UNIVERSITY. COMPLETE AND RETURN IT TO SASK POLYTECH ENROLMENT SERVICES.

## STUDENT INFORMATION

Last Name	First Name	Middle Name
Saskatchewan Polytechnic Student Number	Social Insurance Number	
Apt. Number, Street, Box Number		
City or Town	Province	Postal Code

## PERIOD(S) OF STUDY AT SASKATCHEWAN POLYTECHNIC

If you are admitted to a program at Sask Polytech, please state program name: \_\_\_\_\_

Course Name	Course #	# of Credits	Start Date	End Date	Tuition/Fees	Books/Supplies

## PERIOD(S) OF STUDY AT OTHER POST-SECONDARY INSTITUTION

Name of Institution	Student Number
---------------------	----------------

Course Name	Course #	# of Credits	Start Date	End Date	Tuition/Fees	Books/Supplies

## WITHDRAWAL FROM SASKATCHEWAN POLYTECHNIC COURSE(S) AND/OR OTHER INSTITUTIONS

Date of Withdrawal	Reason Given
--------------------	--------------

Course Name	Course #	# of Credits	Start Date	End Date

I hereby certify that all information provided is true and correct. I authorize the other post-secondary institution to release to Saskatchewan Polytechnic all pertinent information that they require.

\_\_\_\_\_  
*Student Signature* \_\_\_\_\_  
*Date*

<p><b>SASKATCHEWAN POLYTECHNIC ENROLMENT SERVICES USE ONLY</b> Given the above certified information, Sask Polytech will consider the above-named individual to be a full-time Sask Polytech student for the period of _____.</p> <p>Percentage of full course load for: Fall: _____ Winter: _____ Spring/Summer: _____</p> <p>Special Instructions (if applicable): _____</p> <p>_____ <i>Approved by</i> <span style="float: right;">_____ <i>Date</i></span></p>
---